Date 14-12-06,

Telephone 905-612-1170

PTOSSUE (91-0)
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THE BAPTO			
I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).			
f hereby appoint:			
Practitioners associated with the Customer Number:	25534		
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):			
Name	Registration Number	Name	Registration Number
	<b>1</b>		
	6.7		
as attorney(s) or agent(s) to represent the undersigned before the United States Petent and Trademark Office (USPTO) in connection with any and all patient applications assigned goly to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 37(b).			
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:			
The address associated with Customer Number:	25534	distribution of the state of th	· N. 3. 7.5(b) (b).
Firm or			
Address			
City	State		Zip
Country			
Telephone	E	mail	
Assignee Name and Address:			
Laborie Medical Technologies, 10-6415 Northwest Drive	, Inc.		
Mississauga, Ontario L4V 1X1	•		
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SBJ96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.			

This Clinate Train is negarized by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to 50 clinate or 10 to 1.05 to

SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature

Ray Laborie

Name